

# University Health Network Policy & Procedure Manual Administrative – Accessibility for People with Disabilities – Customer Services

## Policy

University Health Network (UHN) is committed to promoting an accessible and inclusive environment in the provision of goods and services for employees, patients and visitors.

UHN is committed to, and strives to ensure that, the Accessibility for Ontarians with Disabilities Act (AODA), 2005, the standards, and all other relevant legislation concerning accessibility are rigorously observed. UHN ensures that all persons within its community are aware of their rights and responsibilities to foster an accessible and inclusive environment with and for persons who have [disabilities](#).

This policy includes:

- [Providing Goods & Services to People with Disabilities](#)
- [Communication](#)
- [Inclusive Meetings](#)
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- [Format of Documents](#)
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## Providing Goods & Services to People with Disabilities

People with disabilities will be given an equal opportunity to obtain, use and benefit from UHN products and services. UHN will provide all goods and services respectful of the dignity and independence of people with disabilities and in a manner which takes into account the person's [disability](#).

## Communication

UHN service providers will communicate with people with disabilities in ways that respectfully take into account their disabilities. This includes, but is not limited to, large print, Braille, American Sign Language Quebec Sign Language, captioning, and videos that may be helpful to some people who have certain learning disabilities.

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## Inclusive Meetings

UHN will strive to ensure that meetings are inclusive, planned and are organized in a manner that integrates products and services that maximize the participation of persons with disabilities.

## Telephone Services

UHN will provide accessible telephone service, including but not limited to, teletypewriter and relay services and will train all applicable employees, volunteers and others dealing with the public on how to communicate over the telephone in clear and plain language.

## Format of Documents

UHN will provide information or documentation, as required, in a format that takes into account the person's [disability](#) and accommodates the need for accessible format.

UHN and the person with a [disability](#) will agree upon the format to be used for the document or information.

## Assistive Devices

People with disabilities have the right to use their own [assistive devices](#) to obtain, use or benefit from UHN's goods and services. UHN will ensure that all employees, physicians, volunteers and others dealing with the public are trained and familiar with various assistive devices that may be used by persons who have [disabilities](#) while accessing UHN services.

In the event that the [assistive device](#) appears unsafe, UHN will speak with the person using the assistive device to determine whether they have access to another assistive device of their choice or, with the person's consent, attempt to identify and temporarily provide a substitute assistive device.

The following [assistive devices](#) are available on UHN's premises:

- wheel chairs at all entrances
- walkers where possible
- paper and pens for hand written notes
- large print, digital audio format, and Braille; ASL; MedBridge for print out of discharge information
- telephone typewriter or teletypewriter for individual use
- telephone amplifiers, available at, but not limited to, the Front Desk Information or Front Desk Reception

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## Use of Service Animals

People with disabilities who are accompanied by a [service animal](#) have the right to access UHN and keep the service animal with them while accessing UHN's services.

UHN will also ensure that all employees, volunteers and others dealing with the public are properly trained in how to interact with people with disabilities who are accompanied by a [service animal](#).

The service animal is to remain with the owner at all times. If the patient is unable to manage the service animal, his/her designated [support person](#) for the animal is to be notified to come to the Hospital and assume responsibility for the animal during the transition period. The [service animal](#) may be brought to the Hospital to visit and to resume its duty as soon as possible.

## Responsibilities

- **Owner**
  - a. Is responsible for the animal's control and stewardship, i.e., the animal's behaviour, care, supervision and wellbeing.
  - b. Make available training school and up-to-date immunization records, if requested.
  - c. Make the animal clearly identifiable/recognizable (e.g., identification card, harness or jacket with markings of the training school).
- **Area Charge Person**
  - a. Inform staff about the role of the [service animal](#) and how to interact appropriately with the patient and the animal.
  - b. Notify other patients of the service animal's presence and address any concerns (e.g., allergies).
  - c. Discuss with the owner and staff the responsibilities for feeding, handling and cleaning issues.
- **Staff (including Physicians)**
  - a. If uncomfortable providing care to a patient with a [service animal](#), find an alternative professional who will provide that care and document this in the patient's health record.
  - b. **Not** to separate or attempt to separate a patient from his/her service animal without the owner's consent.
  - c. **Not** to touch a service animal or the person it assists, without permission.
  - d. **Not** to pet, or make noise at, a service animal as this may distract the animal from the task at hand.
  - e. **Not** to feed a [service animal](#) as it may have specific dietary requirements or may become ill from unusual food or food at an unexpected time.

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- f. **Not** to deliberately startle a service animal.
- g. While performing professional health related responsibilities, **not** to provide care for the [service animal](#). This care includes, but is not limited to, feeding, toileting, exercising and interacting with the animal.

**Note:** If UHN personnel volunteer to assist the patient to care for the [service animal](#) during his/her off-duty hours, he/she does so at his/her own risk and liability. This excludes responsibilities that are delegated by his/her supervisor in emergencies. For more information about service animals, visit [accessibility@uhn.on.ca](mailto:accessibility@uhn.on.ca).

### Eviction or Exclusion

Eviction or exclusion of a [service animal](#) may only occur for reasons that are **demonstrable**, not speculative. Assumptions or speculations about how the animal is likely to behave, based on experience with other animals, are not valid. If another person complains about the presence of a service animal (because of allergies, fear, or other reasons not related to the animal’s demeanor or health), the person with objections to the animal should be consulted and provided with alternatives that do not compromise access to service being sought. Each situation is to be considered individually and in consultation with the owner. Discussion with Patient Relations is recommended in difficult situations.

A [service animal](#) may be evicted, excluded or separated from its owner **only**:

- if the animal’s **actual** behavior or health poses a direct threat to the health or safety of others, and/or
- if contraindicated by the attending physician for **sound** medical and/or safety reasons.

These circumstances and rationale must be documented in the patient’s health record.

If a patient must be separated from the [service animal](#) while in the Hospital:

- the arrangements the patient has made for the supervision or care of the animal during this period of separation must be obtained from the patient, and
- appropriate arrangements must be made to address the patient's needs in the absence of the [service animal](#).

### Elective Patient Admissions

There should be pre-planning and where possible documentation with the owner and health care provider through the Pre-Admission Unit.

The owner is responsible for pre-planning with a [support person](#), if necessary.

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All reasonable efforts will be made to accommodate the patient and [service animal](#) when no advanced notification has been received.

For elective admissions, UHN will assign the patient a private room, if possible. If not, a semi-private room will be assigned with the consent of the other patient(s).

### **Outpatient Procedures or Clinic Appointments**

All reasonable efforts will be made to welcome a patient with a [service animal](#).

An outpatient who knows that he/she will be separated from the animal should arrange for his/her own [support person](#), if possible.

### **Emergency Patient Admissions**

Patients who are **conscious** and able to manage their animals will not be separated unless the owner gives consent or if there are safety issues.

For patients who need help with their [service animals](#) due to unforeseen circumstances, but who have no [support person](#) with them:

- The department manager or nursing administration coordinator will contact Security to take the [service animal](#) to the Security Office during the transition period. A cage will be available in the site Security Office.
- The department manager or delegate of the area will contact the next of kin or [support person](#) to come to the Hospital and assume responsibility for the [service animal](#).
- If the patient needs to be separated for a prolonged period (more than seven daytime hours or nights and weekends) and no contact person for the patient is available, the nursing administration coordinator may contact Lions Foundation of Canada/Dog Guides Canada, Client Services, at 905.842.2891 ext. 222 who will take temporary responsibility for the animal.
- The Lions Foundation of Canada will bring the [service animal](#) to the Hospital to visit and to resume its duty as soon as possible.

### **Safety**

If any staff, visitor, or patient sustains an injury from a [service animal](#), a safety report must be completed detailing the name of the injured, circumstances, and nature of the injury. For staff, an [Employee Incident Report](#) must be filed with Occupational Health & Safety according to the [Accident/Incident Reporting](#) policy 6.60.001, and for patients, the Incident Report eForm according to the [Incident Reporting & Review](#) policy 3.20.005 must be followed.

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All bites should be reported, during business hours from 8:30 a.m. to 4:30 p.m., Monday to Friday, to Toronto Public Health's Health Connection line at 416-338-7600 and after hours at 416-690-2142.

## Support Persons

People with disabilities who are accompanied by a [support person](#) have the right to have that support person accompany them while accessing services at UHN and may accompany them in all areas of the Hospital except where excluded by law for health and safety reasons. Where a support person is excluded by law, UHN will explore alternative ways for the person with disabilities to access its services.

Notification will be given in advance of any fees or charges payable by a [support person](#) accompanying a person with a [disability](#) seeking services at UHN.

## Responsibilities

- **Charge Person**

Inform staff about the role of the [support person](#) and appropriate interaction with the patient and the support person.

- **Staff & Physicians**

- a. Not to separate, or attempt to separate, a patient from his/her [support person](#) without the patient or patient designee's consent unless there are actual sound medical reasons for the separation.
- b. If, for any reason, he/she does not agree to provide care to a patient with a [support person](#), to find an alternative professional who will provide that care and to document this in the patient's health record.

## Waiver of Rights

If the patient provides consent for the [support person](#) to be present as it relates to personal health information being shared, the health care provider is to document this consent in the patient's health record.

[Support persons](#) may be permitted in areas where some sterile procedures occur in accordance with the Health Promotion and Protection Act including but not limited to:

- pre- and post-operative areas
- minor procedure rooms (case specific)
- any room where radiation exposure occurs (x-ray, CT)

If the [support person](#) is informed of the risks related to being present during a procedure that may pose some risk (i.e., an x-ray), this consent must be included in the patient's

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health record and a copy must be provided to the [support person](#). A patient or support person may not waive any health or safety risks that will have an adverse effect on themselves or others.

Pre-admit staff will inform the person with a [disability](#) of areas where the [support person](#) is not allowed prior to his/her arrival, where possible, and will develop a plan with the individual identifying alternative support arrangements.

### **Control & Stewardship**

The individual with a [support person](#) is responsible for control, stewardship and wellbeing.

### **Eviction or Exclusion**

A [support person](#) may only be evicted, excluded or separated from the patient if:

- his/her actual behaviour poses a direct threat to the health or safety of others,
- the attending physician has sound medical reasons.

These circumstances and rationale must be documented in the patient's health record.

### **Outpatient Procedures or Clinic Appointments**

All reasonable efforts are to be made to accommodate a patient with a [support person](#) if no advanced notification occurs.

### **Emergency Patient Admissions**

**Conscious** patients are not to be separated from his/her [support person](#) unless the patient gives consent. **Unconscious** patients arriving with a support person will be temporarily separated from the support person.

### **Notice of Temporary Disruption**

In the event of a planned or unexpected disruption in the services used by people with [disabilities](#), UHN will post alternative format notices in conspicuous locations, including but not limited to, public entrances, information desks, and reception desks.

In accordance with the Accessibility Standards for Customer Service under the AODA, UHN will provide notice to the public when there is a temporary disruption to services. This procedure will strive to ensure that notification of planned or unexpected, temporary disruptions to services that are usually used by persons with disabilities will include information about the reason for the disruption, expected duration and a description of alternative facilities or services, if available.

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Temporary service disruptions affecting the provision of UHN services will be communicated as follows:

- For physical facility service interruptions in access to washrooms, elevators, doors, entrances, corridors, stairwells, internal and external walkways and driveways, notices will be posted at the location of the service disruption (such as on the door of the elevator or washroom).
- For local disruptions (e.g., class, information session cancellations), directly to those affected.
- For service, program or clinic closures due to severe weather, disease outbreak and mechanical difficulties (such as power shutdowns), notices will be posted on the intranet and communicated by a general outgoing message from the main switchboard.
- All notices will include information about the reason for the disruption, the expected duration, when known, and a description of alternative facilities or services, if available.
- Notices communicating a temporary disruption to UHN service will be in:
  - a. plain language
  - b. Arial style
  - c. at least 24-font size.
  - d. high contrast colours such as black and white and easy to read
- Notices will be posted in conspicuous locations, including but not limited to, public entrances, information and reception desks, on the [UHN website](#), and any other reasonable location under the specific circumstances.
- Information related to temporary disruption of local services (such as washrooms, elevators) will be available in person and by telephone. Information agents located at the information counters at the Hospital entrances will provide verbal information about suspension of such services. If requested, and where available, a representative from Volunteer Resources will guide the person to the alternative service available.

## Feedback Process

The feedback process specifies the actions that UHN will take if a patient, visitor or employee expresses a concern about access to UHN goods and services, in accordance with the [Patient Compliments & Complaints](#) policy 3.10.023, and [Fostering Respect in the Workplace: Discrimination & Harassment Complaints Process](#) policy 2.50.005, to ensure [service equity](#).

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All feedback will be reviewed and forwarded to an appropriate individual or service provider at UHN for follow-up.

Patients and visitors may also be directed to Patient Relations.

### **Receiving, Responding & Taking Action on any Concerns**

All feedback may be provided in person, by telephone, in writing, by e-mail, on disk or by another method.

Feedback including questions, concerns, comments or compliments about access to UHN will be followed up within two business days of receiving the information.

All information will be treated as confidential until consent to disclose is provided, unless required by law.

Information related to the feedback process will be available on UHN's website at [accessibility@uhn.ca](mailto:accessibility@uhn.ca).

Following are **suggested steps** in the feedback process:

- The unit or department manager may be approached to provide feedback or seek assistance.
- If further follow-up is required for patients and/or visitors, additional feedback should be directed to Patient Relations.
- If follow-up is required for employees, physicians, students, volunteers or contractors, additional information and/or feedback should be directed to Barrier Free @ UHN Report Form at: [http://intranet.uhn.ca/departments/human\\_resources/workplace\\_diversity/](http://intranet.uhn.ca/departments/human_resources/workplace_diversity/).

### **Training**

UHN will provide training to all employees, physicians, volunteers and others who deal with the public or other third parties on UHN's behalf, and all those who are involved in the development and approval of customer service policies, practices and procedures.

### **Application**

This policy applies to all members of the UHN community including employees, students, volunteers, patients, families, visitors, physicians, researchers, suppliers, contractors and any other person who may interact with the public on behalf of UHN.

This policy also applies to UHN activities occurring on premises or off-site activities.

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## Definitions

**Assistive device** – Any technical aid, communication device that is designed, made, adapted or customized to assist a person with a [disability](#) to increase, maintain, or perform a particular task. Assistive devices include, but are not limited to, canes, crutches, walkers, wheel chairs, and shower chairs.

**Barrier** – As defined by the Ontarians with Disabilities Act, 2001, anything that prevents a person with a [disability](#) from fully participating in all aspects of society because of his/her disability. It includes a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier...a policy or a practice barrier.

**Disability** – Disability (or handicap) refers to all disabilities protected in the Human Rights Code, R.S.O. 1990, Ch.H.19, as defined in sec.10 of the Code as follows:

- “(a) any degree of physical disability, infirmity, malformation or disfigurement, that is caused by bodily injury, birth defect or illness and without limiting the generality of the foregoing, including diabetes mellitus, epilepsy, and degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental retardation or impairment,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the Workplace Safety and Insurance Act.”

**Service animal** – Defined under Section 4(9) of the Accessibility Standards for Customer Service, O. Reg. 429/07, as follows:

- “an animal is a service animal for a person with a [disability](#):
- (a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
  - (b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.”

**Service equity** – A process designed to result in consistent and fair quality of service to people who have been historically excluded from receiving equitable service; and elimination of [barriers](#) to access in service.

**Support person** – Defined under Section 4(8) Accessibility Standards for Customer Service, O. Reg. 429/07, as follows:

“a support person means, in relation to a person with a [disability](#), another

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person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services.”

## References

1. [Accessibility for Ontarians with Disabilities Act, 2005.](#)
2. Accessibility Standards for Customer Service (2007). [Ontario Regulation 429/07 made under the Accessibility for Ontarians with Disabilities Act, 2005.](#)
3. [Blind Persons' Rights Act, Chapter 40 of the Revised Statutes, 1989, s.1.](#)
4. [Blind Persons' Rights Act, R.S.O. 1990, c. B.7, s. 1 \(1\).](#)
5. [Guidelines for Environmental Infection Control in Health-Care Facilities:](#) Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC).
6. Ministry of Community and Social Services: [Making Ontario accessible. Accessibility for Ontarians with disabilities.](#)
7. Mount Sinai Hospital (2009). Use of Service Animals policy I-d-80-83. Toronto, ON.
8. Ontario Hospital Association, Health Achieve (2008). Accessibility for Ontarians with Disabilities Act, 2005. Taking a close look at the standards: impact and implications. Toronto, ON.

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